

The Consequences of Self-Objectification: Investigating the Impact of Body Image on Female
Sexual Functioning

An Honors Thesis (PSYS 499)

By

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Abstract

The frequent and pervasive sexual objectification of women in Western society likely produces negative psychological outcomes such as self-objectification. Self-objectification involves criticizing and managing one's appearance, which impacts emotional and physical well-being (Fredrickson & Roberts, 1997). Some studies have linked self-objectification to sexual dysfunction, self-consciousness during sex, and even negative attitudes about one's genitals (Moradi & Huang, 2008; Wiederman, 2000). This study anonymously surveyed approximately 533 adult females on measures of self-objectification, sexual activity, body image self-consciousness, and genital self-image. Results indicated that body image self-consciousness and genital self-image are negatively correlated with masturbatory and partnered orgasm frequency. When the sample was split on age (18-25 and 26 and older), body image self-consciousness was a significant partnered orgasm predictor for younger adults, whereas genital self-image was significant for the older age group. Further research might explore the impact of diversity on findings, as results may vary according to race, age, and sexual orientation.

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The Consequences of Self-Objectification: Investigating the Impact of Body Image Outcomes on Female Sexual Functioning

The body of the Western woman is under constant scrutiny; its size, shape, and sexual desirability measured and compared to an unobtainable form. Standards for female beauty are communicated by many media outlets, from entertainment to advertising, as well as social traditions that persist in limiting women's value to their physical appearance. When women's identities are stripped from them and they are treated "as bodies that exist for the use and pleasure of others," it is referred to as sexual objectification (Fredrickson & Roberts, 1997). Frederickson and Roberts' (1997) objectification theory explains how women internalize sexual objectification and begin to evaluate their bodies as objects to be managed instead of seeing them as part of their holistic, human identities. Because it is pervasive in Western culture, the objectification of women is a complex social issue that can produce psychological consequences and practical problems for women (Moradi & Huang, 2008; Muehlenkamp & Saris-Baglama, 2002). The purpose of this study was to examine the relationship between self-objectification and orgasm frequency as a measure of sexual functioning in women, as well as potential correlations among self-objectification, body image self-consciousness, genital self-image, and frequency of orgasm.

Outcomes of Self-Objectification

Experiences of sexual objectification can perpetuate self-objectification in women, creating in them a heightened focus on how they look. The gaze of others increases women's self-consciousness as they sense their bodies being objectified (Moradi & Huang, 2008). In a qualitative study of college women who identified themselves as feminists, participants reported that they felt uncomfortable and self-conscious about their bodies when they felt their bodies

were being objectified (Rubin, Nemeroff, & Russo, 2004). This study was unique in focusing on a population that, because of their interest in equality of the sexes, may be more aware of women's sexual objectification. Despite the potential for their heightened awareness to mediate the effects of objectification, participants reported experiencing aversive outcomes such as comparing themselves to other women and feeling shame about their appearance (Rubin et al., 2004). Similarly, a study that evaluated the effect of male and female gaze on self-consciousness in women found that being looked at by men, but not women, induced body related shame and anxiety in women (Calogero, 2004). In order to mediate these effects, objectified women may employ self-management techniques. For instance, a woman who feels her appearance is being evaluated may repeatedly monitor her outward appearance to diminish flaws or avoid others' gaze. Body surveillance, or the regular management of one's outward appearance, is a well-studied concept that has troubling implications for women's psychological well-being (Moradi & Huang, 2008; Fredrickson & Roberts, 1997).

Body surveillance. Frequent checks in the bathroom mirror, nervous hair-fixing, and repeated adjustment of the way one's clothes fit – these examples of body surveillance are often studied in participants as markers of self-objectification. Muehlenkamp and Saris-Baglama (2002) used the Surveillance and Shame subscales of McKinley and Hyde's (1996) Objectified Body Consciousness Scale to understand how self-objectification, depression, disordered eating, and internal awareness relate. Results suggested that body surveillance was related to body shame, increased anxiety, and lower bodily awareness (Moradi & Huang, 2008). Body surveillance is one symptom of self-objectification that is easily observed, and has problematic repercussions when it occurs during partnered sexual activity.

Appearance Based Distractions

Frequent appearance management can translate into spectating during sexual encounters, resulting in diminished flow and disconnected attention from bodily sensations (Lustig, 2012; Trapnell, Meston, & Gorzalka, 1997; Moradi & Huang, 2008). Flow is an optimal experience achieved when one can fully immerse oneself in a worthwhile task, temporarily losing self-consciousness (Csikszentmihalyi, 1990). Internalizing an observer's perspective on herself, a woman who self-objectifies may be so preoccupied with her outward appearance that she loses touch with what Fredrickson and Roberts (1997) called "subjective experience." She may be too focused on how her body is being evaluated to notice her body's internal cues, like sexual desire or arousal, or be able to fully engage in flow states. Reduced flow during sexual activity can be explained in part by body image self-consciousness, a context-specific disturbance which involves intrusive thoughts about one's physical appearance, which serve as cognitive distractions during sex (Rubin et al., 2004; Wiederman, 2000). Many psychologists attribute a lack of arousal and sexual pleasure in women to poor internal awareness and body image self-consciousness (Fredrickson & Roberts, 1997; Nobre & Pinto-Gouveia, 2008).

Maladaptive beliefs. Further research suggests that, whether by disrupting flow or decreasing sexual esteem, there are thoughts and beliefs that are particularly detrimental to women's sexual satisfaction (Nobre & Pinto-Gouveia, 2008). In a study comparing the source of cognitive distractions in men and women during intercourse, body esteem was the greatest predictor for women's appearance-based distractions (Meana & Nunnink, 2006). Women worried more overall about their appearance during sex, and reported having significantly more appearance-based distractions than men. When women's low body esteem was a distraction during sex, psychological distress followed (Meana & Nunnink, 2006). In another study of the

impact of sexual beliefs on sexual functioning in women, difficulty reaching orgasm was highly correlated with disengagement thoughts, negative body-image beliefs, and lack of erotic thoughts (Nobre & Pinto-Gouveia, 2008). Thus, negative thoughts about bodily appearance may prevent women from fully engaging in sexual experiences, shifting their focus away from pleasure and onto anxiety. Similarly, the belief that having an attractive body is essential to having positive sexual experiences is a distinguishing characteristic of women who suffer from sexual dysfunction (Nobre & Pinto-Gouveia, 2008). Because a majority of the sexually dysfunction participants reported low desire and difficulty reaching orgasm, it is important to consider how this belief might itself inhibit pleasure, especially for women who do not feel attractive.

The most prevalent issue of sexual functioning among women is low desire, suffered by 40% of the sexually dysfunctional, followed by lack of arousal and orgasmic difficulties (Shifren, Monz, Russo, Segreti, & Johannes, 2008). Women's self-reporting of general sexual functioning is often difficult to interpret, as desire and arousal are not always related. Both can be present and yet result in an ultimately unpleasant sexual experience – for some women a decrease in desire has little impact on arousal, while for others they are inextricably linked (Maserejian et al., 2012). These disorders are difficult to separate clinically because low sexual desire is often comorbid with low arousal (Maserejian et al., 2012). For sexual activity to result in orgasm, arousal and desire are important means to an end. Without the ability to fully engage physically and mentally during sex, women may find it difficult to reach orgasm. In this way, body image self-consciousness may have weighty consequences for women's sexual pleasure.

Genital Self-Image

Although psychologists have studied body image concerns during sex for decades, few studies have considered the impact of genital-specific attitudes on sexual satisfaction. Two terms

created to describe and measure genital-specific attitudes include genital appearance dissatisfaction and genital self-image. Genital self-image (GSI) is a relatively new construct and encompasses one's attitudes towards one's genitalia (Berman, Berman, Pollets, & Powell, 2003). Furthermore, genital self-image can include a concern for how others experience his or her genitalia. Berman et al. (2003) took interest in GSI as an increasing number of women sought cosmetic surgery on their genitals, and because women with conditions like congenital adrenal hyperplasia often felt insecure about their genitals. They created the Genital Self Image Scale (GSIS) to examine a potential relationship between GSI and sexual functioning, depression, and sexual distress in 31 first-time visitors to a sexual health center. Participant data displayed a negative correlation between GSI and sexual distress, and a positive correlation between GSI and sexual desire (Berman et al., 2003). In summary, a positive attitude about one's genitals yielded a more positive sexual experience.

One possible explanation for the connection between GSI and beneficial psychological outcomes is that people with negative attitudes towards their genitals are likely to worry about their partner's reaction to their genitals during sex. This preoccupation is termed genital self-consciousness, and is marked by disruptive worry about one's genitalia (Schick, Calabrese, Rima, & Zucker, 2010). Schick et al. (2010) studied genital appearance dissatisfaction and its influence on genital image self-consciousness for female undergraduate students. With the Vulva Appearance Satisfaction Scale adapted from the Body Satisfaction Scale (Rapport, Clark, & Wardle, 2000, as cited in Schick et al. 2010), researchers created the term genital appearance dissatisfaction (GAD) to measure satisfaction with the appearance of specific parts of their genitalia (e.g., clitoris). GAD was positively correlated with genital image self-consciousness. This correlation suggests that disliking one's genital appearance is related to worrying about

one's genital appearance. This preoccupation was positively correlated with lower sexual esteem as well as decreased enjoyment of sex (Schick et al., 2010). Therefore, having negative, genital-specific attitudes can inform how one feels as a sex partner. While the current study focused on genital self-image, past genital image self-consciousness research suggests that a preoccupation with bodily appearance can have adverse outcomes for women's sexual esteem and consequently, sexual satisfaction.

Present Research Objectives

This study explored the connection between self-objectification and frequency of orgasm in women by way of genital self-image and body image self-consciousness. These variables are closely interwoven and difficult to separate, an issue that necessitates studying which variables are most closely related and which stand apart. The first hypothesis was that genital self-image will be negatively correlated with self-objectification and body image self-consciousness, which themselves will be positively correlated. Unlike previous studies, the relationship between self-objectification and a genital-specific variable was examined, not only general body image. Few studies have considered GSI in relation to orgasm frequency or measures of objectification, so this study aimed to support and clarify relationships between these variables. Also, achieving orgasm items included a measure of solo sexual activity as well as partnered sexual activity, factors rarely considered when studying self-objectification's impact on sexual experience. It was also hypothesized that self-objectification and body image self-consciousness will be negatively correlated with frequency of orgasm during partnered sexual activity only. Further, a positive correlation between genital self-image and orgasm frequency with a partner was expected. Finally, no significant relationships between these variables and masturbatory orgasm

were predicted. Ideally this study would reveal the global and specific consequences of self-objectification for women and offer direction in shifting such negative effects.

Method

Participants

In this study, 533 female participants were contacted through a Midwest university campus email service, Facebook, and Reddit to take an anonymous Qualtrics survey. Data was collected for approximately three weeks. As a single link was used for all sources of data collection, the number of people who participated through each source (e.g. email or Facebook) is unknown. No incentive for participation was offered.

Data from 159 participants were discarded for failure to complete at least 40 of 43 items included in the self-objectification, body image self-consciousness, and genital self-image scales, leaving a remaining 374 participants. Average participant age was approximately 24 ($M = 24.14$, $SD = 8.57$), ages ranging from 18 to 67. The sample was predominately Caucasian (87.9%), followed by 4.3% who identified as Black, 1.9% as Hispanic, 1.3% as Asian, and 4.6% as biracial. On sexual orientation, most participants identified as heterosexual (69.0%) followed by bisexual (18.4%), homosexual (5.9%) and other (6.7%). The majority of participants answered yes when asked if they were in a relationship (63.4%), and average relationship length was approximately 3.5 years ($M = 43.28$ months, $SD = 54.72$).

Materials

Participants completed a 53-item survey to report levels of self-objectification, body image self-consciousness, genital self-image, and sexual experience. Details of each measure included in the questionnaire are as follows. See Appendix A for full materials.

Demographic items. Six demographic items were included at the beginning of the questionnaire regarding race, sexual orientation, age, gender (to eliminate potential male participants), relationship status, and relationship length.

Self-objectification. The Body Surveillance subscale of the Objectified Body Consciousness Scale (S-OBCS) was used as a measure of participant self-objectification. The questionnaire consisted of eight items based on a 6-point scale (1 = *Strongly Disagree*; 6 = *Strongly Agree*). Six of the items were reverse scored such as “*I rarely worry about how I look to other people,*” and two were scored regularly, “*During the day I think about how I look many times.*” Total scores range from 8-48, and higher scores indicated greater levels of self-objectification. The current study’s use of the subscale yielded a Chronbach’s alpha of .83, similar to that of McKinley and Hyde (1996) $\alpha = .89$. The scale tested highly in construct validity when compared with Fenigstein, Scheier, and Buss (1975) Self-Consciousness Scales, finding that a strong correlation exists with public but not private self-consciousness. This affirmed the scale’s convergent and discriminant validity.

Genital self-image. This study used the GSIS-20, the revised Genital Self Image Scale (Berman et al., 2003) adapted by Zielinski, Kane-Low, Miller, and Sampsell (2012). The scale was reduced from 29 to 20 items and measures four factors: genital confidence, appeal, function, and comfort. The first 10 items had participants rate their feelings about their genitals on a four point scale (1 = *Always*; 4 = *Never*). The final 10 items were a list of adjectives, and participants selected either *Applies To Me* (1) or *Does Not Apply To Me* (2). Examples of the first 10 items included “*I feel ashamed or embarrassed about the shape of my genitals,*” five of which were reverse scored, such as “*I enjoy my genitals.*” Adjective items the participants responded to include “*embarrassing*” and “*malodorous*” as well as “*desirable*” and “*attractive.*” The total

score of the measure ranged from 20-60, higher scores indicating higher satisfaction with one's genitals. Zielinski et al. (2012) tested the GSIS-20 for validity and reliability, finding it excellent in internal consistency ($\alpha = .79$ to $.89$), with test-retest reliability. In the current study, the GSIS-20 had a Chronbach's alpha of $.90$. Content validity was assessed by five experts in women's healthcare who ranked the items from 1 (*not relevant*) to 4 (*very relevant*). Items were only included if they were deemed relevant or very relevant by at least four experts. To determine construct validity, participants reported whether or not they had considered genital cosmetic surgeries, as researchers expected those considering surgery to report significantly lower scores on GSI than those who had not. Those who responded affirmatively were compared on GSI in an independent t test to those who said they had never considered surgery. As predicted, participants who answered yes reported significantly lower GSI than those who answered no (Zielinski, et al., 2012).

Body image self-consciousness. Wiederman (2000) created the Body Image Self-Consciousness Scale (BISC) to examine women's thoughts and attitudes about their body during partnered sexual activity. The survey consisted of 15 face-valid items measured on a six-point scale (1 = *Never*; 6 = *Always*). Respondents reported how often they agree with statement such as "*During sexual activity, I am (would be) concerned about how my body looks to my partner*" and "*The worst part of having sex is being nude in front of another person.*" With total score ranging from 15-90, a higher score indicated greater body image self-consciousness. BISC scores had moderate, significant negative relationships with sexual esteem and self-rated body attractiveness, and had moderate, significant positive relationships with body dissatisfaction and social avoidance due to negative body image, all of which indicate construct validity (Wiederman, 2000). Although sometimes criticized for being overly specific, the scale has high

internal consistency with a Chronbach's alpha of .94, and the current study yielded similar results, $\alpha = .96$.

Achieving orgasm. A four-item survey was created to measure participants' frequency of reaching orgasm both alone and with a partner, as well as to collect data on how regularly they engage in sexual activity. Two open-ended questions addressed engagement in partnered sex and masturbation, and two questions asked participants to indicate a percentage value for how regularly they reached orgasm during the corresponding activity over the last three months. Items were modeled after Kiefer, Sanchez, Kalinka, and Ybarra's (2006) Ability to Reach Orgasm Scale (ARO), with additional items addressing participant experience with masturbation.

Procedure

Participants were recruited to participate in the voluntary study through the university email service, Facebook, and Reddit. Recruitment scripts were used, informing participants that the survey was brief, online, anonymous, and pertaining to sexuality and body image. People who opened the link were directed to the Qualtrics survey, where they read and accepted the terms of consent and complete the survey. Participants were able to view and participate in the study if they reported being 18 or older, and were able to participate wherever they had access to the internet. No personal information (e.g. name, GPS location, etc.) was collected through Qualtrics, ensuring the data was anonymously received. Upon completing the survey, participants were thanked and their participation concluded.

Results

Measures

Average participant score on the S-OBCS was about 27 ($M = 26.81$, $SD = 7.12$) with total scores ranging from 7 to 42. Average participant score for the GSIS-20 was approximately 49 (M

= 49.54, $SD = 7.77$) with total scores ranging from 22 to 60. Finally, total scores on the BISC averaged 36 ($M = 36.14$, $SD = 18.33$), ranging from 14 to 90. Participants reported having partnered sex about 10 times a month over the last three months ($M = 9.50$, $SD = 14.45$), numbers ranging from 0 times a month to 130. They reported masturbating about 9 times a month ($M = 8.81$, $SD = 11.81$), ranging from 0 to 80. Reported orgasm frequency averaged at 68% of the time with a partner ($M = 68.28$, $SD = 32.65$) ranging from 0 to 100, and 88% of the time during masturbation ($M = 88.05$, $SD = 26.31$), ranging from 0 to 100.

A paired-samples t test revealed that participants reported higher orgasm frequency during masturbation ($M = 94.50$, $SD = 17.61$) than during partnered sex ($M = 68.28$, $SD = 32.74$), $t(174) = -9.77$, $p < .001$. Participants did not differ significantly in reported frequency of masturbation or partnered sex, $t(369) = .66$, $p > .05$.

Achieving orgasm items. The Qualtrics survey was designed so that participants who reported having no instances of partnered sex or masturbation would not be prompted about the corresponding orgasm frequency for that item. However, some participants reported data including symbols like less than (<) or approximately (~), which Qualtrics identified as invalid responses. Such participants did not have the opportunity to respond to the corresponding orgasm item. Data including less than or more than (< or >) were adjusted one unit in the indicated direction (<5 = 4; >8 = 9). Also, data using approximately (~) were kept at the reported value (~9 = 9). Similarly, data indicating between two values (5-7; 8/9) were averaged (6; 8.5). Because 22.7% of the sample reported having no partnered sex in the last three months and 20.5% had not masturbated, only 226 of the 374 participants reported orgasm frequency for partnered sex and 269 reported orgasm frequency for masturbation.

Hypothesis Testing

Correlations between body image measures and sexual experience. To test the hypothesis that significant relationships exist among predictor variables, and between predictor variables and sexual functioning, several correlations were conducted among GSIS-20, BISC, and S-OBCS scores as well as the four Achieving Orgasm items. Correlational values can be found in Table 1 below.

Table 1
Correlations among scales and achieving orgasm items

	BISC	GSIS-20	FPS	FM	FPO	FMO
S-OBCS	.45***	-.31***	.03	-.01	-.12	-.07
BISC		-.60***	-.19***	-.02	-.23**	-.18**
GSIS-20			.19***	.13*	.23**	.14*
FPS				.07	.06	.11
FM					.08	.01
FPO						.11

Note: S-OBCS = Objectified Body Consciousness Scale, Surveillance subset; BISC = Body Image Self-Consciousness Scale; GSIS-20 = Genital self-Image Scale - 20; FPS = frequency of partnered sex; FM = frequency of masturbation; FPO = frequency of partnered orgasm; FMO = frequency of masturbatory orgasm. * $p < .05$. ** $p < .01$. *** $p < .001$

Body image self-consciousness had a strong, significant negative relationship with genital self-image. This was the only strong relationship found in correlational analysis. Body image self-consciousness had a moderate, significant relationship with self-objectification, and genital self-image was significantly negatively correlated with self-objectification, also with a medium effect size. The relational directions of these correlations were as predicted.

Significant relationships between predictor variables and sexual activity items were weak. Body image self-consciousness had a weak significant negative relationship with frequency of partnered sex. Genital self-image was inversely related to frequency of partnered sex and frequency of masturbation by weak significant correlations, though the weakest applied to masturbation frequency. There were no significant relationships between self-objectification and frequency of either sexual activity.

Orgasm frequency. The relationships between partnered and masturbatory orgasm and self-objectification were weak and non-significant. Body image self-consciousness was significantly negatively correlated with both orgasm frequency items, and both effect sizes were small. The relationship between genital self-image and frequency of partnered orgasm was weak, significant and positive; its relationship with masturbatory orgasm was also significant, but weaker. Finally, orgasm frequencies and activity in partnered sex and masturbation were weakly and non-significantly related.

Overall, results indicated that body image related to partnered sex and partnered orgasm more than masturbation and masturbatory orgasm. They also displayed that self-objectification was not significantly related to the sexual activities and functions considered in this study. Sexual behaviors and orgasm rates were also suggested to be independent of one another.

Exploratory Analysis

Considering participant age ranged from 18 to 67, participants were split into two groups called emerging adults (18-25, $n = 285$) and mature adults (26-67, $n = 89$). The following is an analysis of differences between these groups.

Group differences by age. An independent samples t test revealed that groups differed significantly on two items only, frequency of masturbatory orgasm and partnered orgasm. For masturbatory orgasm, Levene's test of equal variances was significant, $F(1, 267) = 19.16, p < .001$, thus equal variances were not assumed. Age groups differed significantly on masturbatory orgasm, $t(172.78) = -2.95, p < .01$; emerging adults ($M = 85.75, SD = 28.02$) reported less frequent orgasms than mature adults ($M = 95.72, SD = 19.20$). Levene's test of equal variances was significant, $F(1, 224) = 11.96, p < .01$, for partnered orgasm as well, thus equal variances were not assumed. Age groups differed significantly, $t(135.95) = -3.02, p < .01$, as emerging adults ($M = 64.68, SD = 33.87$) reported less frequent orgasms than mature adults ($M = 77.80, SD = 27.21$). Therefore, results suggested that emerging adults orgasm less consistently than older adults, which was taken into account when assessing for predictors of orgasm.

Forward regression. A forward regression analysis was conducted with the entire sample to determine the greatest predictor of partnered orgasm variance considering total scores on BISC, GSIS-20, and S-OBCS, and age as predictor variables. Genital self-image was the first significant predictor and age was the second, $R^2 = .07, F(2, 223) = 8.80, p < .001$. No other variables significantly predicted the variability among partnered orgasm frequencies.

To determine if predictors of partnered orgasm varied for age groups, a split file emerging adults and mature adults forward regression was conducted for partnered orgasm considering BISC, GSIS-20, and S-OBCS total scores. Of these variables, genital self-image

was the only significant predictor for participants ages 26 and older, $R^2 = .08$, $F(1, 60) = 4.97$, $p < .001$. Body image self-consciousness was the only significant predictor for the emerging adults, $R^2 = .09$, $F(1, 162) = 15.52$, $p < .001$. While GSI and BISC were strongly correlated for the sample as a whole, they were also correlated highly for each group, and had the same effect size. For both emerging adults $r(1, 285) = -.60$, $p < .01$ and mature adults $r(1, 89) = -.60$, $p < .01$, GSI and BISC were negatively correlated with large, identical affect sizes.

Discussion

Body image and self-esteem have been named and renamed, operationally defined and separated out in varied levels of specificity and focus. For the purposes of this study, women's self-perspectives were measured by how regularly they managed their appearance, how often they worried about their appearance in a sexual context, and whether they felt positively or negatively about their genitals. These perspectives move from self-objectification, a pervasive problem for American women, to the specific, specialized concern of whether one's genitals are pleasing and desirable. There is great reason to believe that being regularly objectified turns women's attention to their outward appearance, and that increased self-consciousness begins at commonplace sexual objectification (Fredrickson & Roberts, 1997). Day-to-day experiences of objectification, also mirrored in media representation, increase women's self-consciousness (Calogero, 2004; Moradi & Huang, 2008). Some women self-objectify, managing their appearance as if their bodies were maintenance projects (McKinley & Hyde, 1996). Such appearance anxieties may transfer to the bedroom, where women worry about the look of their bodies, and some even their genitalia, during sex (Schick et al. 2010; Wiederman, 2000).

Body Image and Sexual Functioning

Results of the current study corroborate the results of previous research, as participants who self-objectified were more likely to be self-conscious about their body during sex. Such participants were also more likely to report thinking their genitals were unattractive or unacceptable. Previous research suggests that these concerns will serve as distractions during sex, preventing women from fully engaging in sexual experiences and limiting their pleasure (Nobre & Pinto-Gouveia, 2008). In the current study, high body image self-consciousness and low genital self-image were related to lower orgasm rates during masturbation and partnered sex. This is consistent with Herbenick, Schick, Reece, Sanders, Dodge, and Fortenberry (2011), which found genital self-image to be positively correlated with masturbation. Also, genital self-image was positively correlated with sexual functioning, which supports that positive genital self-image may relate to increased arousal, desire, or orgasms. Nevertheless, few studies have attended specifically to orgasm frequency as a measure of sexual functioning, and rarely has masturbation and masturbatory orgasm been considered in relation to these constructs.

Masturbation. The only variable that had a significant relationship to frequency of masturbation was genital self-image. Those who felt poorly about their genitals were less likely to masturbate than those who felt positively. Furthermore, participants high in body image self-consciousness and/or low genital self-image were less likely to orgasm during masturbation than those who felt more positively about their bodies and genitalia. These findings suggest that one's body image is meaningful not just during sex with a partner, but also to one's personal eroticism.

Self-objectification. Contrary to my original hypothesis, there was no significant relationship observed between self-objectification and frequency of partnered orgasm, though the relationship was negative, as anticipated. This may relate to the original hypothesis that the

more specific the body image concerns are, the more likely they are to produce practical consequences. It may be that self-objectification is not sexually problematic for women, as long as it does not lead to more specific body image concerns about one's body during sex or one's genitalia. According to these results, positive body attitudes may only be meaningful for women's orgasm frequency when they are context specific, rather than global body concerns.

Differences Due to Age

Considering the age range of the sample, participants were grouped as either emerging adults (18-25) or mature adults (26 and older), and thus compared on each variable. The only significant differences found between the groups were mature adults achieved orgasm during sex and during masturbation more frequently than emerging adults. This seems contrary to previous research that suggests that female sexual functioning decreases with age (Hayes & Dennerstein, 2005). Results of previous research may be related to a self-fulfilling prophecy, as sexually dysfunctional women may likely believe that older women experience less desire and pleasure than younger women (Nobre & Pinto-Gouveia, 2006; Nobre & Pinto-Gouveia, 2008). In interpreting these results, it is important to acknowledge the methodological limitations of the study in regards to the exploratory results. A mere two thirds of my sample have valid responses for orgasm frequency, limiting the generalizability of my results. Also, the two age groups presented in the study could not be so easily compared, as the mature adult group was only about 24% of the sample, which was dominated by women in their early twenties.

Body image self-consciousness had greater bearing on the frequency of partnered orgasm for emerging adults than mature adults. This finding is consistent with Nobre and Pinto-Gouveia's (2008) study, which concluded that women with sexual dysfunction often believed being attractive meant experiencing more pleasure. Considering younger women are highly

represented on-screen and in magazines, the belief that appearance has much to do with sexual experience is likely more salient for women in their twenties than those over 40 (Crawford, 2012; Vandenbosch & Eggermont, 2012). The importance of genital self-image for the sample as a whole and for women older than 25 supported previous research that found GSI to be positively correlated with sexual functioning (Berman et al., 2003; Herbenick et al., 2011). In general, women who feel better about their bodies are more aroused during sex and experience more pleasure (Meana & Nunnink, 2006; Wiederman, 2000).

While some results were significant, predictors of orgasm frequency accounted for a very small percentage of participant variability. It is possible that body image concerns have only a peripheral impact on women's orgasms, but relate more closely to other features of functioning such as desire or arousal. In any case, these conclusions point to the complexity of female sexual experience, which is likely influenced by factors internal and external to women.

Limitations and Future Research

The limitations of the current study lie in a general lack of diversity. The data collected came from a racially and sexually homogenous sample. This study collected data from primarily young, Caucasian, heterosexual women. Further research might explore minority populations – for instance, how might these results differ when compared to a similar group of homosexual women? Also, previous studies have suggested that African American women have positive body image relative to Caucasian women, and that this varies across socioeconomic status and income level (Bachman, O'Malley, Freedman-Doan, Trzesniewski, & Donnellan, 2011; Grabe & Hyde, 2006). This necessitates more focused study on racial and economic variables. Finally, due to experimental mortality and complications within the Qualtrics interface, 374 participants

provided data for the three body image scales, but only two-thirds of participants provided valid data on frequency of orgasm.

Seeing as there were significant differences for orgasm frequency between young adults and mature adults, the importance of age in relation to body image and sexual experience warrants further exploration. These age related differences invoke questions about the influence marriage, social factors, or maturation might have on the relationship between body image and orgasm frequency for women older than 25. Female sexual experience is complex, and cannot be simplified to the influence of one or two variables, but is a combination of social, emotional, cognitive, and biological factors. Research devoted to specific age groups may begin to clarify the factors that impact the sexual experience of younger and older women.

Furthermore, considering self-objectification was not significantly correlated with orgasm frequency, it may be non-essential in assessing the connection between body image concerns and sexual functioning. Body-image self-consciousness and genital self-image appear to hold greater bearing on women's sexual functioning, and may be more accurate representations of how self-objectification takes form in women's lives. Research devoted to the connection between inner-dialogue and physical experience, self-consciousness and sensual flow, would do well to address age, physiology, and cultural differences for female sexuality.

The evidence presented in this research supports what has been observed before: women who feel better about their bodies and about their genitals have greater sexual functioning than those who are anxious or self-conscious about their bodies. Whether this is because they are less distracted, less ashamed, or engaging in more sexual activity than self-conscious women, their positive body image has positive consequences for their sex lives. Particularly for younger women, it appears that an absence of negative thoughts about one's body during sex increases

the likelihood of experiencing partnered orgasms. Although these conclusions hold generalizability primarily for young, Caucasian, heterosexual women, they confirm past research that suggest one's body image is connected to one's sexual experience. Assuming that women desire their sexual experiences to hold pleasure, heightened experience, and orgasms rather than insecurity and anxiety, it would be advantageous for women to believe their bodies are acceptable, and even desirable.

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Appendix A
Sexuality and Objectification Study
Devin Bishop, George Gaither, PhD

Demographic Questions

- 1. Age: ____
- 2. Sex:
 - Male ____
 - Female ____
 - Other ____
- 3. Sexual orientation:
 - Heterosexual ____
 - Homosexual ____
 - Bisexual ____
 - Other ____
- 4. Race (check all that apply):
 - White/Caucasian _____
 - Hispanic/Latina _____
 - Black /African American _____
 - Asian American _____
- 5. Are you currently in a relationship?

- 6. If so, for how many months?

Objectified Body-Consciousness Scale: Surveillance Subscale

Please use the following scale to indicate how often you agree with each statement.

1	2	3	4	5	6
Strongly Disagree	Disagree	Somewhat Disagree	Somewhat Agree	Agree	Strongly Agree

- 1. I rarely think about how I look.
- 2. I think it is more important that my clothes are comfortable than whether they look good on me.
- 3. I think more about how my body feels than how my body looks.
- 4. I rarely compare how I look with how other people look.
- 5. During the day, I think about how I look many times.
- 6. I often worry about whether the clothes I am wearing look good on me.
- 7. I rarely worry about how I look to other people.
- 8. I am more concerned with what my body can do than how it looks.

Genital Self-Image Scale – 20

Please use the following scale to indicate how often you agree with each statement.

0	1	2	3
Always	Sometimes	Rarely	Never

- 1. I feel ashamed/embarrassed about the shape of my genitals.
- 2. When I think about my genitals, I feel ashamed or embarrassed.
- 3. I have sad/depressed feelings when I think about my genitals.
- 4. I feel that my genitals are attractive and would arouse my partner.
- 5. I enjoy my genitals.
- 6. I feel comfortable/positive about my partner seeing my genitals.
- 7. I feel my genitals work/function as they should.
- 8. I feel my genitals are normal or like other women’s.
- 9. I feel anxiety and worry when I think about how my genitals function.
- 10. I feel ashamed/embarrassed about the odor of my genitals.

Please read the list of words and check either *Applies to Me* or *Does Not Apply To Me* when describing your genitalia.

	<i>Applies to Me</i>	<i>Does Not Apply To Me</i>
1. Embarrassing	_____	_____
2. Unattractive	_____	_____
3. Desirable	_____	_____
4. Attractive	_____	_____
5. Well-shaped	_____	_____
6. Functional	_____	_____
7. Healthy	_____	_____
8. Malodorous	_____	_____
9. Offensive	_____	_____
10. Inadequate	_____	_____

Body Image Self-Consciousness Scale

Please use the following scale to indicate how often you agree with each statement or how often you think it would be true for you. The term *partner* refers to someone with whom you are romantically or sexually intimate.

0	1	2	3	4	5
Never	Rarely	Sometimes	Often	Usually	Always

1. I would feel very nervous if a partner were to explore my body before or after having sex.
2. The idea of having sex without any covers over my body causes me anxiety.
3. While having sex I am (would be) concerned that my hips and thighs would flatten out and appear larger than they actually are.
4. During sexual activity, I am (would be) concerned about how my body looks to my partner.
5. The worst part of having sex is being nude in front of another person.
6. If a partner were to put a hand on my buttocks I would think, "My partner can feel my fat."
7. During sexual activity it is (would be) difficult not to think about how unattractive my body is.
8. During sex, I (would) prefer to be on the bottom so that my stomach appears flat.
9. I (would) feel very uncomfortable walking around the bedroom, in front of my partner, completely nude.
10. The first time I have sex with a new partner, I (would) worry that my partner will get turned off by seeing my body without clothes.
11. If a partner were to put an arm around my waist, I would think, "My partner can tell how fat I am."
12. I (could) only feel comfortable enough to have sex if it were dark so that my partner could not clearly see my body.
13. I would prefer having sex with my partner on top so that my partner is less likely to see my body.
14. I (would) have a difficult time taking a shower or bath with a partner.
15. I (would) feel anxious receiving a full body massage from a partner.

Frequency of Reaching Orgasm

Please read each question carefully and type your response in the blank.

1. How many times per month, in the last three months, have you engaged in sexual activity with a partner?

2. Approximately what percent of the time did you orgasm when engaged in sexual activity with a partner?
3. How many times per month, in the past three months, have you masturbated?

4. Approximately what percent of the time did you orgasm when you masturbated?

Appendix B

Participant Recruitment Scripts

Facebook and Email:

The Sexuality and Objectification Study, a survey I'm conducting for my senior thesis, takes approximately 30-40 minutes to complete. If you are 18 or older and a woman, please participate in this study! Your participation is completely voluntary and your responses anonymous.

Thanks to all who participate – your responses are so helpful.

To begin the survey, follow the link below!

(Link to survey)

BSU Communication Center:

Hello all!

You are invited to participate in our study: The Sexuality and Objectification Study. With this study, we hope to further understand the relationship between body image concerns and women's sexual experience, and how they might relate to self-objectification.

Participants must be 18 years of age or older and female to take the survey. Participation is completely voluntary and all responses will be kept anonymously. This survey will take approximately 30-40 minutes. You will be asked questions regarding demographics, body image in general, body image during sexual activity, genital-specific body image, and sexual history.

Your responses to the survey would be very useful and greatly appreciated.

If you would like to participate in this survey please follow the link below: (Link to the survey)

Thank you for helping!

Devin Bishop, Principal Investigator
George Gaither, PhD, Faculty Supervisor

Twitter and Tumblr:

To women 18+ - please participate in this research study about sexuality and objectification. Here is the link, and thank you! (Link to survey)

Reddit:

Hello,

You are invited to participate in our study: The Sexuality and Objectification Study. With this study, we hope to further understand the relationship between body image concerns and women's sexual experience, and how they might relate to self-objectification.

Participants must be 18 years of age or older and female to take the survey. Participation is completely voluntary and all responses will be kept anonymously. This survey will take approximately 30-40 minutes. You will be asked questions regarding demographics, body image in general, body image during sexual activity, genital-specific body image, and sexual history.

Your responses to the survey would be very useful and greatly appreciated.

If you would like to participate in this survey please follow the link below: (Link to the survey)

Thank you for helping!

Appendix C
Study Title: Sexuality and Objectification Study

Informed Consent

In this study you will be asked to respond to a number of prompts about body image in general, body image during partnered sexual activity, genital-specific body image, and sexual history.

To be eligible to participate in this study, you must be at least 18 years of age and female.

The survey will take between 30 and 40 minutes to complete.

There are no anticipated risks or benefits of participating in this study.

The data will be entered into a software program and stored on the researcher's password-protected computer for seven years and then deleted.

Participation in this study is completely voluntary and your responses are totally anonymous. You may decide to exit the study at any time without prejudice or penalty.

For questions about your rights as a research subject, please contact Office of Research Integrity, Ball State University, Muncie, IN 47306, (765) 285-5070, irb@bsu.edu. For questions about this research, you may contact the principle investigator and faculty supervisor; contact information is provided below:

Principal investigator:

Devin Bishop
Department of Psychological Science
Ball State University
dmbishop2@bsu.edu

Faculty supervisor:

George Gaither, PhD
Department of Psychological Science
Ball State University
ggaither@bsu.edu

Appendix D



Office of Research Integrity
Institutional Review Board (IRB)
2000 University Avenue
Muncie, IN 47306-0155
Phone: 765-285-5070

DATE: December 11, 2014
TO: Devin Bishop
FROM: Ball State University IRB
RE: IRB protocol # 690052-1
TITLE: Sexuality and Objectification Study
SUBMISSION TYPE: New Project

ACTION: APPROVED
DECISION DATE: December 11, 2014
REVIEW TYPE: EXEMPT

The Institutional Review Board reviewed your protocol on December 11, 2014 and has determined the procedures you have proposed are appropriate for exemption under the federal regulations. As such, there will be no further review of your protocol, and you are cleared to proceed with the procedures outlined in your protocol. As an exempt study, there is no requirement for continuing review. Your protocol will remain on file with the IRB as a matter of record.

Exempt Categories:

	Category 1: Research conducted in established or commonly accepted educational settings, involving normal educational practices, such as (i) research on regular and special education instructional strategies, or (ii) research on the effectiveness of or the comparison among instructional techniques, curricula, or classroom management methods.
X	Category 2: Research involving the use of educational test (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures or observation of public behavior
	Category 3: Research involving the use of educational test (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior that is not exempt under category 2, if: (i) the human subjects are elected or appointed officials or candidates for public office; or (ii) Federal statute(s) require(s) without exception that the confidentiality of the personally identifiable information will be maintained throughout the research and thereafter.
	Category 4: Research involving the collection of study of existing data, documents, records, pathological specimens, or diagnostic specimens, if these sources are publicly available or if the information is recorded by the investigator in such a manner that subjects cannot be identified, directly or through identifiers linked to the subjects.

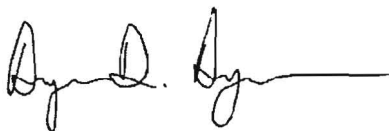
	Category 5: Research and demonstration projects which are conducted by or subject to the approval of Department or agency heads, and which are designed to study, evaluate or otherwise examine: (i) public benefit or service programs; (ii) procedures for obtaining benefits or services under those programs; (iii) possible changes in methods or levels of payment for benefits or services under these programs.
	Category 6: Taste and food quality evaluation and consumer acceptance studies, (i) if wholesome foods without additives are consumed or (ii) if a food is consumed which contains a food ingredient at or below the level and for a use found to be safe, by the Food and Drug Administration or approved by the Environmental Protection Agency or the Food Safety and Inspection Service of the U.S. Department of Agriculture.

Editorial Notes:

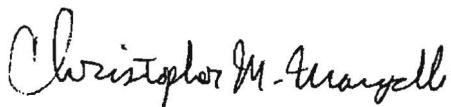
1. Approved- Exempt

While your project does not require continuing review, it is the responsibility of the P.I. (and, if applicable, faculty supervisor) to inform the IRB if the procedures presented in this protocol are to be modified or if problems related to human research participants arise in connection with this project. **Any procedural modifications must be evaluated by the IRB before being implemented, as some modifications may change the review status of this project.** Please contact (ORI Staff) if you are unsure whether your proposed modification requires review or have any questions. Proposed modifications should be addressed in writing and submitted electronically to the IRB (<http://www.bsu.edu/irb>) for review. Please reference the above IRB protocol number in any communication to the IRB regarding this project.

Reminder: Even though your study is exempt from the relevant federal regulations of the Common Rule (45 CFR 46, subpart A), you and your research team are not exempt from ethical research practices and should therefore employ all protections for your participants and their data which are appropriate to your project.



Bryan Byers, PhD/Chair
Institutional Review Board



Christopher Mangelli, JD, MS, MEd, CIP/Director
Office of Research Integrity